

Steps in the OBQI Process

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OBQI Reports for Home Health Agencies
Satellite Broadcast - February 22, 2002

Outcome-Based Quality Improvement (OBQI)

Outcome Enhancement Steps

- Review the outcome report
- Select specific outcome(s)
- Evaluate care
- Develop plan of action to improve care
- Implement & monitor the plan

Facilitating OBQI Implementation

- Organizational commitment to QI
- Leadership "buy-in"
- Focus on patient care
- Willingness to use a systematic approach
- Integrating OBQI into agency processes

Unique Role of OBQI

- Proven effective
- Benefit to patients
- Provider ownership
- Outcome-based PROGRAM
- Value for payers

COMPARISON OVERVIEW OF OASIS-DERIVED REPORTS

This table compares and contrasts the reports derived from OASIS data. All reports described here are useful for an agency's quality enhancement efforts.

| | Adverse Event Outcome Report | Risk-Adjusted/Descriptive Outcome Report |
|--|--|--|
| Report Purpose | Outcome-Based Quality Monitoring (OBQM) | Outcome-Based Quality Improvement (OBQI) |
| Frequency of Report | Agency-determined; first report recommended to be an annual report; subsequent reports recommended no more frequently than quarterly | Agency-determined; suggested annually to allow care process change to have an impact on outcomes. |
| Method of Obtaining Report | Downloads from state OASIS server | Downloads from state OASIS server |
| Accompanying Report(s) | Case Mix Report (for same cases and time period as the Adverse Event Outcome Report) | Case Mix Report (for the same cases and time period as the Risk-Adjusted/Descriptive Outcome Report); Patient Tally Report |
| Outcomes to Investigate | All adverse event outcomes | 1-3 target outcomes for each annual report |
| Selecting Outcomes for Review | Prioritize: (a) Those with most clinical relevance to the agency and (b) those with highest incidence compared to reference group should be investigated first. Statistical significance not a requirement, since all outcomes will need to be investigated over time. | Follow criteria for selecting target outcomes. Statistical significance is the first criterion in the list, followed by magnitude of outcome differences, adequate number of cases, significance level of differences, relevance to agency, and clinical significance. |
| Time Interval to Review Care Provided | Investigation of the 13 adverse event outcomes can proceed in a phased manner over several months | Process-of-care investigation completed within one month of obtaining outcome report |
| Result of Care Review | Improvement plan if areas for improvement are discovered; sharing of appropriate care examples with staff | Plan of action developed and implemented to spread best practices across the agency |
| Instructional Material | Available from OASIS web site | Available from OASIS Web site |
| Goal of Quality Monitoring/Improvement Activity | To reduce incidence of adverse events (recognizing that they may never get to 0) | To improve those target outcomes selected for remediation (improvement) or to maintain excellent care (if target outcome selected for reinforcement) |